

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

266 | McLean School Bus Service, Inc.

*WMATC No. | *Name of Carrier (as shown on certificate of authority)

7905 Marlboro Pike, Forestville, MD 20747-4415

*Street Address of Principal Place of Business

P.O. Box 146, Brentwood, MD 20722-0146

Mailing Address (if different from street address)

(301) 736-8600

*Telephone Number

Other Telephone

(301) 736-8700

Fax Number

E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Abner McLean

*Name

President

*Title

(301) 736-8600

*Telephone Number

Other Telephone

(301) 736-8700

Fax Number

E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Mr Abner McLean

Name of Registered Agent for Service of Process

7905 Marlboro Pike | Forestville, Md. 20747

Street Address

(301) 736-8600

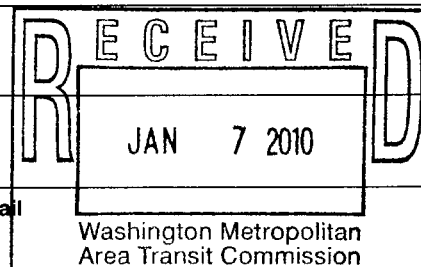
Telephone Number

Other Telephone

(301) 736-8700

Fax Number

E-mail



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4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

NO SUCH CHANGES OCCURRED.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; **or** (3) attach your own vehicle list. Include **all** required information.

Fleet No. (If applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
121	05	Setra	WKKA34CD653000262	012P07	MD	56
123	05	Setra	WKKA34CD653000259	012P08	MD	56
125	94	VanHool	YE2TA73B7R2024884	07015P	MD	56
127	05	Setra	WKKA34CD253000260	012P09	MD	56
129	05	Setra	WKKA34CD453000251	012P10	MD	56
131	08	Falcon	LWECAEA078A450056	010P98	MD	56
133	08	Falcon	LWECAEAD08A450058	009P60	MD	56
135	08	Falcon	LWECAEAD38A450054	009P61	MD	56

6. ***CERTIFICATION:**

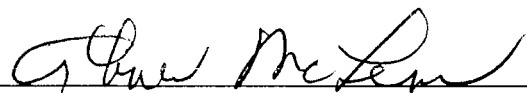
I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mr Abner McLean

*Name (Type or Print)

President

*Title



*Signature

01/06/10

*Date

(end)